

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008834

1. Entity Name
CAT & I, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90026 048 ***150.00

Principal Place of Business

7775 SNOWBERRY CIR.
ORLANDO FL 32819
US

Mailing Address

7775 SNOWBERRY CIR.
ORLANDO FL 32819-7179
US

2. Principal Place of Business

17304 Phil C. Peters Rd.

Suite, Apt. #, etc.

3. Mailing Address

17304 Phil C. Peters Rd.

Suite, Apt. #, etc.

City & State

Winter Garden, FL

City & State

Winter Garden, FL

4. FEI Number

59-3168905

Applied For

Not Applicable

Zip

34787

Country

U.S.

Zip

34787

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORBIN, CRAIG W
7775 SNOWBERRY CIR.
ORLANDO FL 32819

Name

Corbin, Craig W.C.

Street Address (P.O. Box Number is Not Acceptable)

17326 Phil C. Peters Rd.

City

Winter Garden

FL

Zip Code

34787

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORBIN, CRAIG W.C. 7775 SNOWBERRY CIR. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CORBIN, ROBIN C 7775 SNOWBERRY CIR. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17326 Phil C. Peters Rd. Winter Garden FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17326 Phil C. Peters Rd. Winter Garden FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robin C. Corbin

Date

1/14/2000 407-351-4457

Daytime Phone #

CR2E034 (9/99)